

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN 2 3 2000

Ms. Elizabeth Deng Shanghai PT Plastic Enterprise Company, Limited No. 268 Yushu Road Cangquiao Township, Songjiang County Shanghai, CHINA. P.R.C.

Re: K001601

Trade Name: Disposable PVC Powdered Synthetic Exam

Gloves

Regulatory Class: I Product Code: LYZ Dated: May 15, 2000 Received: May 24, 2000

Dear Ms. Deng:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Timothy A

Director

Division of Dental, Infection Control, and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

 Indications for Use Statement:	Include	the	following	or	equivalent Indications for Use page
The information, data and labeling	claims	in	the entire	the	510(k) submission must support and
agree with the Indications for Use s	statemen	t.			••

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Applicant: _	SHANGHAI	PT	PLAS	STICS	ENT.	.co.,	LTD.		
119(k) Numl	er (if known)	; *		Kec.14	01				
Device Nam	e: DISPOSA	3LE	PVC	POWDI	ERED	SYNT	HETIC	EXAMINATION	GLOVES
Indications I	For Use:								

A PATIENT EXAMINATION GLOVES IS A DISPOSABLE DEVICE INTENDED FOR MEDICAL PURPOSES WORN ON THE EXAMINER'S HAND OR FINGER TO PREVENT CONTAMINATION BETWEEN PATIENT AND EXAMINER.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED) Concurrence of CDRH Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Dental, Infection Control,

and General Hospital Devices

510(k) Number_

Prescription Use OR Over-The-Counter X
Per 21 CFR 801.109

(Optional Format 1-2-96)

• For a new submission, do NOT fill in the 510(k) number blank.